



# Drexel University College of Medicine

## *Mini-Medical School*

### **MINI-MED SUMMER CAMP APPLICATION FORM**

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#### **PROCESS FOR SUBMITTING APPLICATION**

*Application Form, deposit and all supporting material are due no later than Friday March 1, 2013. If mailing after February 20 it is strongly advised to send special handling as mail delivery cannot be guaranteed. Material can be submitted separately or as part of the complete package.*

- Complete all sections of application. Incomplete applications will not be considered.
- Although your preferred session is not guaranteed, all attempts will be made to honor that request.
- Submit \$500.00 deposit (pay with credit card on-line or include a check when submitting this application).
- Submit *Recommendation Form* from present or last year's high school science teacher.
- Submit *Recommendation Form* from high school advisor.
- Submit High School Transcripts for 2011/2012 school year and grades for current year's fall semester.

Recommendation Forms and Transcripts must be submitted in a sealed envelope or submitted (e-mail or US post office) directly from the recommender to The Mini-Med Summer Camp.

**Mailing Address:**  
DUCOM, Mini-Medical School  
245 North 15<sup>th</sup> Street  
Mail Stop 1008, Office #7330  
Philadelphia, PA 19102

**Phone number:** 215-762-6800  
**Fax number:** 215-762-4655  
**E-Mail:** [minimed@drexel.edu](mailto:minimed@drexel.edu)

# APPLICATION FORM

## MINI-MED SUMMER CAMP

**Session I (3 weeks)**

June 24 - July 19

(Does not meet during the week of July 1-5)

**Session II (3 weeks)**

July 22-August 9

Session \_\_\_\_\_ is my first choice

### I. Applicant:

Name: \_\_\_\_\_  
*(First)* *(Last)*

Present Address: \_\_\_\_\_  
\_\_\_\_\_  
*(City)* *(State)* *(Zip)*

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Applicant Cell Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(Mth)* *(Day)* *(Yr)*

Applicant Email Address: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

### II. High School Information:

High School Name: \_\_\_\_\_

Location: \_\_\_\_\_  
*(City)* *(State)*

Current year:

Sophomore

Junior

Senior

Science GPA: \_\_\_\_\_

Total GPA: \_\_\_\_\_

List below all courses you have taken in the following categories:

Biological Sciences	
Chemistry	
Mathematics	
Physics	

**III. Personal Statement:**

On a separate sheet approximately 500-words to include why you would like to attend this program, what you hope to gain from attending this program, the kind of person you are and what you do outside of the classroom.